



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Humana Medical Plan of Michigan, Inc.

NAIC Group Code01190119NAIC Company Code14224Employer's ID Number27-3991410
(Current)(Prior)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMI

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized11/16/2010Commenced Business02/29/2012

Statutory Home Office250 Monroe NW, Ste. 400Grand Rapids , MI, US 49503
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office500 W. Main St.Louisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville , KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 W. Main St.Louisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactAdam Moss502-580-3026
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardSr. VP and CFOBrian Andrew Kane

VP & Corporate SecretaryJoseph Christopher Ventura #VP & Chief ActuaryMarie Vanessa Olson #

OTHER

Alan James Bailey, VP & Treasurer	Elizabeth Diane Bierbower, Pres, Group Segment	Renee Jacqueline Buckingham #, VP & Div. Leader - Northern Division
John Gregory Catron, VP & Chief Compliance Officer	Charles Wilbur Dow Jr., Reg. Pres.-Sr. Products/Great Lakes Reg.	Brian Phillip LeClaire, Ph.D., Sr. VP & Chief Information Officer
Susan Lynn Mateja #, Appointed Actuary	Steven Edward McCulley, SVP, Medicare Operations	William Mark Preston, VP-Investment Management
Richard Donald Remmers, VP, Group Segment	George Renaudin II, Seg. VP, Retail East and Provider Experience	Donald Hank Robinson, Vice President - Tax
Timothy Alan Wheatley, President, Retail Segment	Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, VP & Chief Accounting Officer

DIRECTORS OR TRUSTEES

Bruce Dale BroussardRobert Michael Bochy (Enrollee Director)Brian Andrew Kane #

State ofKentuckySS:

County ofJefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale BroussardJoseph Christopher Ventura #Alan James Bailey
President & CEOVP & Corporate SecretaryVP & Treasurer

Subscribed and sworn to before me this23rdday ofFebruary, 2018

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele Sizemore
Notary Public
January 3, 2019

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	21,056,590	0	21,056,590	25,468,651
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(660,403) , Schedule E - Part 1), cash equivalents (\$12,536,085 , Schedule E - Part 2) and short-term investments (\$274,891 , Schedule DA)	12,150,573	0	12,150,573	33,609,829
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	33,207,163	0	33,207,163	59,078,480
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	235,966	0	235,966	217,873
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	620,196	179,245	440,951	747,288
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$864,624)	864,624	0	864,624	714,677
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	534,613	0	534,613	2,792,615
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	61,328	0	61,328	95,480
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	3,703,567
18.2 Net deferred tax asset	2,279,588	2,279,588	0	1,428,853
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	3,153,650	0	3,153,650	0
24. Health care (\$1,072,221) and other amounts receivable	1,333,296	1,959	1,331,337	1,234,328
25. Aggregate write-ins for other than invested assets	7,430,669	7,430,669	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	49,721,093	9,891,461	39,829,632	70,013,161
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	49,721,093	9,891,461	39,829,632	70,013,161
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Provider Contracts	7,194,494	7,194,494	0	0
2502. Prepaid Commissions	233,607	233,607	0	0
2503. Deposits	2,568	2,568	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	7,430,669	7,430,669	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	6,948,956	651,222	7,600,178	12,274,593
2. Accrued medical incentive pool and bonus amounts	471,545	0	471,545	0
3. Unpaid claims adjustment expenses	59,608	0	59,608	92,949
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	3,094,565	0	3,094,565	15,801,404
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	1,346,421	0	1,346,421	1,723,926
9. General expenses due or accrued	143,699	0	143,699	709,690
10.1 Current federal and foreign income tax payable and interest thereon (including \$(71,206) on realized capital gains (losses))	740,603	0	740,603	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	647,298
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	693,745	0	693,745	54,191
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	3,448,783
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	1,307,075	0	1,307,075	4,116,550
23. Aggregate write-ins for other liabilities (including \$21,653 current)	39,210	0	39,210	0
24. Total liabilities (Lines 1 to 23)	14,845,427	651,222	15,496,649	38,869,384
25. Aggregate write-ins for special surplus funds	XXX	XXX	1,219,435	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	44,999,000	44,999,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(21,886,452)	(13,856,223)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$0)	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	24,332,983	31,143,777
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	39,829,632	70,013,161
DETAILS OF WRITE-INS				
2301. Unclaimed Property	39,210	0	39,210	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	39,210	0	39,210	0
2501. Special Surplus – Projected HCRL Assessment for the Upcoming Year	XXX	XXX	1,219,435	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	1,219,435	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	136,216	403,310
2. Net premium income (including \$0 non-health premium income)	XXX	77,258,310	128,682,393
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	(13,537,824)
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	77,258,310	115,144,569
Hospital and Medical:			
9. Hospital/medical benefits	5,529,644	54,830,156	82,682,610
10. Other professional services	0	1,483,146	1,661,809
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	408,599	2,950,554	3,851,411
13. Prescription drugs	0	6,600,962	12,359,335
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	1,574,605	0
16. Subtotal (Lines 9 to 15)	5,938,243	67,439,423	100,555,165
Less:			
17. Net reinsurance recoveries	0	811,274	1,699,878
18. Total hospital and medical (Lines 16 minus 17)	5,938,243	66,628,149	98,855,287
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$2,576,301 cost containment expenses	0	3,445,531	5,565,337
21. General administrative expenses	0	7,331,456	22,238,616
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	2,675,000	0
23. Total underwriting deductions (Lines 18 through 22).....	5,938,243	80,080,136	126,659,240
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,821,826)	(11,514,671)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	720,481	422,837
26. Net realized capital gains (losses) less capital gains tax of \$(83,186)	0	(154,488)	(63,430)
27. Net investment gains (losses) (Lines 25 plus 26)	0	565,993	359,407
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	5	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(2,255,828)	(11,155,264)
31. Federal and foreign income taxes incurred	XXX	(210,441)	(3,182,835)
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,045,387)	(7,972,429)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous Income	0	5	0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	5	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	31,143,777	21,019,513
34. Net income or (loss) from Line 32	(2,045,387)	(7,972,429)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	1,567	(5,912)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	182,021	(3,771,683)
39. Change in nonadmitted assets	(4,754,756)	10,249,288
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	10,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	(194,239)	1,625,000
48. Net change in capital and surplus (Lines 34 to 47)	(6,810,794)	10,124,264
49. Capital and surplus end of reporting period (Line 33 plus 48)	24,332,983	31,143,777
DETAILS OF WRITE-INS		
4701. 2016 Risk Corridor impact on Premium Deficiency Reserve	0	1,625,000
4702. Prior Period Impact of Claims Dispute	(194,239)	0
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(194,239)	1,625,000

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	61,017,674	127,584,250
2. Net investment income	1,106,088	508,016
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	62,123,762	128,092,266
5. Benefit and loss related payments	68,932,542	93,892,551
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	14,143,853	27,416,577
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$(66,470) tax on capital gains (losses)	(4,825,876)	1,527,242
10. Total (Lines 5 through 9)	78,250,519	122,836,370
11. Net cash from operations (Line 4 minus Line 10)	(16,126,757)	5,255,896
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	14,333,299	12,796,593
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	(1,475)
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	14,333,299	12,795,118
13. Cost of investments acquired (long-term only):		
13.1 Bonds	10,561,045	35,614,438
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,561,045	35,614,438
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	3,772,254	(22,819,320)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	10,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(9,104,753)	437,140
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(9,104,753)	10,437,140
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(21,459,256)	(7,126,284)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	33,609,829	40,736,113
19.2 End of year (Line 18 plus Line 19.1)	12,150,573	33,609,829

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	18,636,000	0	(59)	18,636,059
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	58,625,747	0	3,496	58,622,251
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	77,261,747	0	3,437	77,258,310
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	77,261,747	0	3,437	77,258,310

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	70,876,052	21,363,574	0	0	0	0	49,512,478	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	3,315,925	3,315,925	0	0	0	0	0	0	0	0
1.4 Net	67,560,127	18,047,649	0	0	0	0	49,512,478	0	0	0
2. Paid medical incentive pools and bonuses	1,103,060	0	0	0	0	0	1,103,060	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	7,600,178	1,924,825	0	0	0	0	5,675,353	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	7,600,178	1,924,825	0	0	0	0	5,675,353	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	471,545	0	0	0	0	0	471,545	0	0	0
6. Net healthcare receivables (a)	90,170	(278,144)	0	0	0	0	368,314	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	534,613	534,613	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	12,521,242	8,746,136	0	0	0	0	3,775,106	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	246,649	246,649	0	0	0	0	0	0	0	0
8.4 Net	12,274,593	8,499,487	0	0	0	0	3,775,106	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	2,792,615	2,792,615	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	65,864,818	14,820,407	0	0	0	0	51,044,411	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	811,274	811,274	0	0	0	0	0	0	0	0
12.4 Net	65,053,544	14,009,133	0	0	0	0	51,044,411	0	0	0
13. Incurred medical incentive pools and bonuses	1,574,605	0	0	0	0	0	1,574,605	0	0	0

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	1,942,425	375,091	.0	.0	.0	.0	1,567,334	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	1,942,425	375,091	.0	.0	.0	.0	1,567,334	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	5,232,904	1,482,235	.0	.0	.0	.0	3,750,669	.0	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Net	5,232,904	1,482,235	.0	.0	.0	.0	3,750,669	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	424,849	67,499	.0	.0	.0	.0	357,350	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	424,849	67,499	.0	.0	.0	.0	357,350	.0	.0	.0
4. TOTALS:										
4.1 Direct	7,600,178	1,924,825	.0	.0	.0	.0	5,675,353	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	7,600,178	1,924,825	0	0	0	0	5,675,353	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	6,568,743	13,736,908	189,276	1,735,549	6,758,019	8,499,487
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	3,858,489	45,653,988	61,964	5,613,389	3,920,453	3,775,106
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	10,427,232	59,390,896	251,240	7,348,938	10,678,472	12,274,593
10. Healthcare receivables (a)	0	1,074,180	0	0	0	984,011
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	627,598	475,462	0	471,545	627,598	0
13. Totals (Lines 9 - 10 + 11 + 12)	11,054,830	58,792,178	251,240	7,820,483	11,306,070	11,290,582

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	0	0	0	0	0
3.	2014	XXX	31,046	37,950	37,232	37,175
4.	2015	XXX	XXX	33,411	37,366	37,524
5.	2016	XXX	XXX	XXX	56,963	63,430
6.	2017	XXX	XXX	XXX	XXX	13,737

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	0	0	0	0	0
3.	2014	XXX	38,853	38,209	37,239	37,175
4.	2015	XXX	XXX	39,877	37,403	37,579
5.	2016	XXX	XXX	XXX	65,419	63,564
6.	2017	XXX	XXX	XXX	XXX	15,472

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2014	47,759	37,175	354	1.0	37,529	78.6	0	0	37,529	78.6
3. 2015	39,105	37,524	357	1.0	37,881	96.9	55	0	37,936	97.0
4. 2016	81,449	63,430	603	1.0	64,033	78.6	134	0	64,167	78.8
5. 2017	18,636	13,737	131	1.0	13,868	74.4	1,736	14	15,618	83.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	3	5	5	5	5
3.	2014	XXX	10	11	11	11
4.	2015	XXX	XXX	0	0	0
5.	2016	XXX	XXX	XXX	0	0
6.	2017	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	4	5	5	5	5
3.	2014	XXX	11	11	11	11
4.	2015	XXX	XXX	0	0	0
5.	2016	XXX	XXX	XXX	0	0
6.	2017	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	9	5	0	0.0	5	55.6	0	0	5	55.6
2. 2014	16	11	0	0.0	11	68.8	0	0	11	68.8
3. 2015	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2016	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	1,146	1,314	1,302	1,302	1,302
3.	2014	XXX	1,914	2,210	2,218	2,216
4.	2015	XXX	XXX	19,799	21,947	21,982
5.	2016	XXX	XXX	XXX	34,067	38,520
6.	2017	XXX	XXX	XXX	XXX	46,129

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	1,268	1,322	1,306	1,302	1,302
3.	2014	XXX	2,223	2,234	2,218	2,216
4.	2015	XXX	XXX	22,231	21,965	21,988
5.	2016	XXX	XXX	XXX	37,823	38,576
6.	2017	XXX	XXX	XXX	XXX	52,214

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	1,790	1,302	12	0.9	1,314	73.4	0	0	1,314	73.4
2. 2014	2,713	2,216	21	0.9	2,237	82.5	0	0	2,237	82.5
3. 2015	27,480	21,982	209	1.0	22,191	80.8	6	0	22,197	80.8
4. 2016	47,233	38,520	366	1.0	38,886	82.3	56	0	38,942	82.4
5. 2017	58,622	46,129	439	1.0	46,568	79.4	6,085	45	52,698	89.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	1,149	1,319	1,307	1,307	1,307
3.	2014	XXX	32,970	40,171	39,461	39,402
4.	2015	XXX	XXX	53,210	59,313	59,506
5.	2016	XXX	XXX	XXX	91,030	101,950
6.	2017	XXX	XXX	XXX	XXX	59,866

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	1,272	1,327	1,311	1,307	1,307
3.	2014	XXX	41,087	40,454	39,468	39,402
4.	2015	XXX	XXX	62,108	59,368	59,567
5.	2016	XXX	XXX	XXX	103,242	102,140
6.	2017	XXX	XXX	XXX	XXX	67,686

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1.	2013	1,799	1,307	12	0.9	1,319	73.3	0	0	1,319	73.3
2.	2014	50,488	39,402	375	1.0	39,777	78.8	0	0	39,777	78.8
3.	2015	66,585	59,506	566	1.0	60,072	90.2	61	0	60,133	90.3
4.	2016	128,682	101,950	969	1.0	102,919	80.0	190	0	103,109	80.1
5.	2017	77,258	59,866	570	1.0	60,436	78.2	7,821	59	68,316	88.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	2,675,000	0	0	0	0	0	2,675,000	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	279,252	0	0	0	0	0	279,252	0	0
5. Aggregate write-ins for other policy reserves	140,313	0	0	0	0	0	140,313	0	0
6. Totals (gross)	3,094,565	0	0	0	0	0	3,094,565	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	3,094,565	0	0	0	0	0	3,094,565	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Risk Adjustment Premium Payable	140,313	0	0	0	0	0	140,313	0	0
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	140,313	0	0	0	0	0	140,313	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$2,675,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$0 for occupancy of own building)	72,850	21,313	146,672	281	241,116
2. Salary, wages and other benefits	727,857	383,055	4,248,963	8,162	5,368,037
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	700,727	190	700,917
4. Legal fees and expenses	38,382	11,228	79,027	148	128,785
5. Certifications and accreditation fees	75	58	402	1	536
6. Auditing, actuarial and other consulting services	40,516	11,853	81,571	156	134,096
7. Traveling expenses	47,511	14,381	100,402	193	162,487
8. Marketing and advertising	205,887	62,431	436,196	838	705,352
9. Postage, express and telephone	137,855	45,158	325,197	608	508,818
10. Printing and office supplies	(21,530)	7,074	88,598	170	74,312
11. Occupancy, depreciation and amortization	19,450	5,722	39,559	(11)	64,720
12. Equipment	78,760	23,043	158,577	304	260,684
13. Cost or depreciation of EDP equipment and software	170,822	55,518	399,372	0	625,712
14. Outsourced services including EDP, claims, and other services	872,222	178,167	1,235,370	2,357	2,288,116
15. Boards, bureaus and association fees	6,509	1,910	13,157	25	21,601
16. Insurance, except on real estate	8,946	2,635	18,184	35	29,800
17. Collection and bank service charges	38,171	11,167	76,849	147	126,334
18. Group service and administration fees	21,730	2,250	3,225	6	27,211
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	52,517	15,365	105,736	202	173,820
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(3,199)	0	(3,199)
23.2 State premium taxes	0	0	(1,876,296)	0	(1,876,296)
23.3 Regulatory authority licenses and fees	0	0	68,424	91	68,515
23.4 Payroll taxes	0	0	246,858	474	247,332
23.5 Other (excluding federal income and real estate taxes)	0	0	834,847	(1)	834,846
24. Investment expenses not included elsewhere	10,082	2,949	(204,621)	(41)	(191,631)
25. Aggregate write-ins for expenses	47,689	13,953	7,659	159	69,460
26. Total expenses incurred (Lines 1 to 25)	2,576,301	869,230	7,331,456	14,494	(a) .....10,791,481
27. Less expenses unpaid December 31, current year ..	0	59,608	143,699	0	203,307
28. Add expenses unpaid December 31, prior year	0	92,949	709,690	0	802,639
29. Amounts receivable relating to uninsured plans, prior year	0	0	95,480	0	95,480
30. Amounts receivable relating to uninsured plans, current year	0	0	61,328	0	61,328
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,576,301	902,571	7,863,295	14,494	11,356,661
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	47,689	13,953	7,659	159	69,460
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	47,689	13,953	7,659	159	69,460

(a) Includes management fees of \$9,212,547 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....12,200	.....10,093
1.1	Bonds exempt from U.S. tax	(a) .....0	.....0
1.2	Other bonds (unaffiliated)	(a) .....515,518	.....533,601
1.3	Bonds of affiliates	(a) .....0	.....0
2.1	Preferred stocks (unaffiliated)	(b) .....0	.....0
2.11	Preferred stocks of affiliates	(b) .....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans	(c) .....0	.....0
4.	Real estate	(d) .....0	.....0
5	Contract Loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments	(e) .....189,164	.....191,281
7	Derivative instruments	(f) .....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	716,882	734,975
11.	Investment expenses		(g) .....13,930
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) .....564
13.	Interest expense		(h) .....0
14.	Depreciation on real estate and other invested assets		(i) .....0
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....14,494
17.	Net investment income (Line 10 minus Line 16)		720,481
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$3,243 accrual of discount less \$406,943 amortization of premium and less \$16,470 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.
- (e) Includes \$103,840 accrual of discount less \$2,097 amortization of premium and less \$2,770 paid for accrued interest on purchases.
- (f) Includes \$0 accrual of discount less \$0 amortization of premium.
- (g) Includes \$.0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.
- (i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(14,823)	0	(14,823)	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(222,851)	0	(222,851)	1,567	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(237,674)	0	(237,674)	1,567	0
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	179,245	188,860	9,615
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	2,279,588	668,714	(1,610,874)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	1,959	585	(1,374)
25. Aggregate write-ins for other than invested assets	7,430,669	4,278,546	(3,152,123)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,891,461	5,136,705	(4,754,756)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	9,891,461	5,136,705	(4,754,756)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Provider Contracts	7,194,494	4,048,333	(3,146,161)
2502. Prepaid Commissions	233,607	81,386	(152,221)
2503. Deposits	2,568	148,827	146,259
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	7,430,669	4,278,546	(3,152,123)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	29,524	11,708	10,834	10,354	9,968	129,084
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	550	565	585	609	642	7,132
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	30,074	12,273	11,419	10,963	10,610	136,216
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The Michigan Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations from the Codification currently exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	SSAP #	F/S Page	F/S Line #	2017	2016
Net Loss					
1. Humana Medical Plan of Michigan, Inc. Michigan basis	xxx	xxx	xxx	\$ (2,045,387)	\$ (7,972,429)
2. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
4. NAIC SAP	xxx	xxx	xxx	\$ <u>(2,045,387)</u>	\$ <u>(7,972,429)</u>
Surplus					
5. Humana Medical Plan of Michigan, Inc. Michigan basis	xxx	xxx	xxx	\$ 24,332,983	\$ 31,143,777
6. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
8. NAIC SAP	xxx	xxx	xxx	\$ <u>24,332,983</u>	\$ <u>31,143,777</u>

On July 2, 2015, Humana entered into an Agreement and Plan of Merger, which is referred to herein as the Merger Agreement, with Aetna Inc. and certain wholly owned subsidiaries of Aetna Inc., (Aetna), which sets forth the terms and conditions under which Humana agreed to merge with, and become a wholly owned subsidiary of Aetna.

The Merger was subject to customary closing conditions, including, among other things, the expiration or termination of the applicable waiting period under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended, the receipt of necessary approvals under state insurance and healthcare laws and regulations pursuant to certain licenses of certain Humana subsidiaries, and the absence of legal restraints and prohibitions on the consummation of the Merger.

On December 22, 2016, in order to extend the "End Date" (as defined in the Merger Agreement), Aetna and Humana each agreed to waive until 11:59 p.m. (Eastern time) on February 15, 2017 its right to terminate the Merger Agreement due to a failure of the Mergers to have been completed on or before December 31, 2016.

On July 21, 2016, the U.S. Department of Justice (DOJ) and the attorneys general of certain U.S. jurisdictions filed a civil antitrust complaint in the U.S. District Court for the District of Columbia against Humana and Aetna, alleging that the Merger would violate Section 7 of the Clayton Antitrust Act and seeking a permanent injunction to prevent the Merger from being completed. On January 23, 2017, the Court ruled in favor of the DOJ and granted a permanent injunction of the proposed transaction. On February 14, 2017, Humana and Aetna agreed to mutually terminate the Merger Agreement, as Humana's Board determined that an appeal of the Court's ruling would not be in the best interest of its stockholders. Under terms of the Merger Agreement, Humana received a breakup fee of \$1 billion on February 16, 2017.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.

- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company has not modified its capitalization policy from the prior period.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

- (14) Not Applicable.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(15) Not Applicable.

D. Going Concern

Effective December 31, 2016, the Company adopted revisions to SSAP No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* (SSAP No. 1). The revisions require management of the Company to evaluate whether there is substantial doubt about the Company’s ability to continue as a going concern and provide certain disclosures if substantial doubt exists. Management of the Company has completed its evaluation of the Company and determined that there is no substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

In April of 2017, the Company determined it was reasonably possible that two ongoing provider disputes related to plan years 2016 and 2017 would result in additional claims of \$290,101 and \$37,625, respectively. This resulted in the 2016 unpaid claims in liability, capital and surplus line 1 to be understated by \$290,101. The income statement, within hospital/medical benefits in the statement of revenue and expenses line 6, was also understated by the claims net of the tax impact of \$95,862. Consistent with SSAP No. 3, *Accounting Changes and Corrections of Errors* (SSAP No. 3), the net impact of the claims dispute for 2016 after the tax effect was recorded as an adjustment to surplus on line 47 of the statement of revenue and expenses capital and surplus account rollforward. The full amount of the 2016 and 2017 disputed claims were settled during the second quarter of 2017.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2017.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2017:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	-
2. Twelve Months or Longer	\$	(3,251)

(b) The aggregate related fair value of securities with unrealized losses:

1. Less than Twelve Months	\$	-
2. Twelve Months or Longer	\$	78,847

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(5) Unrealized losses are primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company’s ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company has no repurchase agreements or securities lending transactions.
- (2) The Company has not pledged any of its assets as collateral.
- (3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	1,003,043	1,008,847	(5,804)	-	1,003,043	2.02%	2.52%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 1,003,043	\$ 1,008,847	\$ (5,804)	-	\$ 1,003,043	2.02%	2.52%

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

- (3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

- (4) Collateral Received and Reflected as Assets Within the Reporting Entity’s Financial Statements

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. Structured Notes

Not Applicable.

P. 5* Securities

Not Applicable.

Q. Short Sales

Not Applicable.

R. Prepayment Penalty and Acceleration Fees

		General Account	
(1)	Number of CUSIPS		3
(2)	Aggregate Amount of Investment Income	\$	-

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

- A. Deferred Tax Assets/(Liabilities)

- (1) The components of the net admitted deferred tax asset/(liability) by tax character were as follows:

	December 31, 2017		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 2,281,295	\$ 912	\$ 2,282,207
b. Statutory valuation allowance adjustments	-	(912)	(912)
c. Adjusted gross deferred tax assets	2,281,295	-	2,281,295
d. Deferred tax assets nonadmitted	(2,279,588)	-	(2,279,588)
e. Net admitted deferred tax assets	1,707	-	1,707
f. Deferred tax liabilities	(1,707)	-	(1,707)
g. Net admitted deferred tax asset/(liability)	\$ -	\$ -	\$ -

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

		December 31, 2016		
		Ordinary	Capital	Total
a.	Gross deferred tax assets	\$ 2,102,832	\$ 2,069	\$ 2,104,901
b.	Statutory valuation allowance adjustments	-	(2,069)	(2,069)
c.	Adjusted gross deferred tax assets	2,102,832	-	2,102,832
d.	Deferred tax assets nonadmitted	(668,714)	-	(668,714)
e.	Net admitted deferred tax assets	1,434,118	-	1,434,118
f.	Deferred tax liabilities	(5,265)	-	(5,265)
g.	Net admitted deferred tax asset/(liability)	\$ 1,428,853	\$ -	\$ 1,428,853

		Change		
		Ordinary	Capital	Total
a.	Gross deferred tax assets	\$ 178,463	\$ (1,157)	\$ 177,306
b.	Statutory valuation allowance adjustments	-	1,157	1,157
c.	Adjusted gross deferred tax assets	178,463	-	178,463
d.	Deferred tax assets nonadmitted	(1,610,874)	-	(1,610,874)
e.	Net admitted deferred tax assets	(1,432,411)	-	(1,432,411)
f.	Deferred tax liabilities	3,558	-	3,558
g.	Net admitted deferred tax asset/(liability)	\$ (1,428,853)	\$ -	\$ (1,428,853)

(2) The amount of admitted adjusted gross deferred tax assets under SSAP No. 101 were as follows:

		December 31, 2017		
		Ordinary	Capital	Total
a.	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -
b.	Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	-	-	-
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	3,649,947
c.	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	1,707	-	1,707
d.	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 1,707	\$ -	\$ 1,707

		December 31, 2016		
		Ordinary	Capital	Total
a.	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 873,853	\$ -	\$ 873,853
b.	Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	555,000	-	555,000
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	555,000
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	4,457,239
c.	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	5,265	-	5,265
d.	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 1,434,118	\$ -	\$ 1,434,118

		Change		
		Ordinary	Capital	Total
a.	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ (873,853)	\$ -	\$ (873,853)
b.	Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(555,000)	-	(555,000)
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(555,000)
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	(807,292)
c.	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(3,558)	-	(3,558)
d.	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ (1,432,411)	\$ -	\$ (1,432,411)

(3) The ratio percentage used to determine recovery period and threshold limitation amount was as follows:

		December 31, 2017	December 31, 2016
a.	Ratio percentage used to determine recovery period and threshold limitation amount	842%	682%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	24,332,983	29,714,924

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) The impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs was as follows:

		December 31, 2017	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 2,281,295	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,707	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
		December 31, 2016	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 2,102,832	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,434,118	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
		Change	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 178,463	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ (1,432,411)	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
b.	Does the Company's tax planning strategies include the use of reinsurance? Yes [] No [X]		
B.	There are no temporary differences for which a DTL has not been established.		
C.	Current and deferred income taxes		

(1) Current income taxes incurred consist of the following major components:

		December 31, 2017	December 31, 2016	Change
a.	Federal	\$ (212,862)	\$ (3,181,014)	\$ 2,968,152
b.	Foreign	-	-	-
c.	Subtotal	(212,862)	(3,181,014)	2,968,152
d.	Federal income tax on net capital gains	(83,186)	(34,155)	(49,031)
e.	Utilization of capital loss carryforwards	-	-	-
f.	Other	2,421	(1,821)	4,242
g.	Federal and foreign income taxes incurred	\$ (293,627)	\$ (3,216,990)	\$ 2,923,363

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(2–3) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

DTAs resulting from Book/Tax Differences in:

	December 31, 2017	December 31, 2016	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 711,736	\$ 454,259	\$ 257,477
2. Unearned premium reserve	56,550	120,675	(64,125)
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	-	-	-
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	1,076	2,144	(1,068)
15. Accrued litigation	-	-	-
16. CMS Rx reserve	550	111	439
17. CMS risk corridor -ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	539	27	512
20. Accrued lease	-	-	-
21. Section 197 intangible	-	-	-
22. Reinsurance fee	-	56,637	(56,637)
23. Provider contracts	1,510,844	1,468,979	41,865
99. Subtotal	2,281,295	2,102,832	178,463
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(2,279,588)	(668,714)	(1,610,874)
d. Admitted Ordinary DTAs	1,707	1,434,118	(1,432,411)
e. Capital			
1. Investments	912	2,069	(1,157)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	912	2,069	(1,157)
f. Statutory valuation allowance adjustment	(912)	(2,069)	1,157
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 1,707	\$ 1,434,118	\$ (1,432,411)

DTLs resulting from Book/Tax Differences in:

	December 31, 2017	December 31, 2016	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(1,707)	(5,265)	3,558
7. CMS RX Reserve	-	-	-
8. Accrued Leases	-	-	-
99. Subtotal	(1,707)	(5,265)	3,558
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	\$ (1,707)	\$ (5,265)	\$ 3,558

(4) Net deferred tax asset/(liability)	\$ -	\$ 1,428,853	\$ (1,428,853)
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STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

The tax reform law enacted on December 22, 2017 (the "Tax Reform Law") reduced the statutory federal corporate income tax rate to 21 percent from 35 percent, beginning in 2018. The rate reduction required a remeasurement of the Company's net deferred tax asset. This impact on surplus is as follows:

	Surplus Impact
Tax Reform Effect on Operations	\$ (1,519,725)
Tax Reform Effect on Deferred Taxes Non-Admitted	1,519,725
Tax Reform Effect on Unrealized Gains and Losses	-
Total Impact of Tax Reform	\$ -

- D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2017 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (2,339,014)	\$ (818,655)	35.00%
Tax-exempt interest	(231,416)	(80,996)	3.46%
Dividends received deduction	-	-	0.00%
Proration	34,712	12,149	(0.52%)
Meals & entertainment, lobbying expenses, etc.	9,197	3,219	(0.14%)
Statutory valuation allowance adjustment	-	-	0.00%
Provider Disputed Claims	(290,101)	(101,535)	4.34%
Tax Reform	-	1,519,725	(64.97%)
Change to Nonadmitted Assets & Deferred tax true-up	(3,143,877)	(1,100,357)	47.04%
Other, including prior year true-up	7,780	2,723	(0.12%)
Total	\$ (5,952,719)	\$ (563,727)	24.09%

Federal income taxes incurred [expense/(benefit)]	\$ (210,441)	9.00%
Tax on capital gains/(losses)	(83,186)	3.56%
Change in net deferred income tax [charge/(benefit)]	(182,021)	7.76%
Correction of prior period error	(88,079)	3.77%
Total statutory income taxes	\$ (563,727)	24.09%

- E. Operating loss and tax credit carry-forwards and protective tax deposits

At December 31, 2017, the Company had no net operating loss carry-forwards.

At December 31, 2017, the Company had no capital loss carry-forwards.

At December 31, 2017, the Company had no AMT credit carry-forwards.

- (2) The following table demonstrates the income tax expense for 2015, 2016 and 2017 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2015	\$ -	\$ -	\$ -
2016	-	-	-
2017	-	-	-
Total	\$ -	\$ -	\$ -

- (3) There are no deposits admitted under IRC § 6603.

- F. The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur. The Company has no contingent income tax liabilities. The Company has not adjusted gross deferred tax assets due to changes in judgment about the realizability of the related deferred tax asset. The Company has no deposits under Section 6603 of the Internal Revenue Code.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2017 CONSOLIDATED FEDERAL INCOME TAX RETURN

CALENDAR YEAR ENDED DECEMBER 31, 2017
AFFILIATIONS SCHEDULE

CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO- OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AMERICAN ELDERCARE, INC.	65-0380198
6	ARCADIAN HEALTH PLAN, INC.	20-1001348
7	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
8	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
9	CARENETWORK, INC.	39-1514846
10	CAREPLUS HEALTH PLANS, INC.	59-2598550
11	CARITEN HEALTH PLAN INC.	62-1579044
12	CHA HMO, INC.	61-1279717
13	CHA SERVICE COMPANY, INC.	61-1279716
14	COMPBENEFITS COMPANY	59-2531815
15	COMPBENEFITS CORPORATION	04-3185995
16	COMPBENEFITS DENTAL, INC.	36-3686002
17	COMPBENEFITS DIRECT, INC.	58-2228851
18	COMPBENEFITS INSURANCE COMPANY	74-2552026
19	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
20	COMPREHENSIVE HEALTH INSIGHTS, INC.	42-1575099
21	CONTINUCARE CORPORATION	59-2716023
22	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
23	CONTINUCARE MSO, INC.	65-0780986
24	CORPHEALTH PROVIDER LINK, INC.	20-8236655
25	DATALINK SOLUTIONS, INC.	47-4706668
26	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
27	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
28	DENTICARE, INC.	76-0039628
29	EMPHESYS INSURANCE COMPANY	31-0935772
30	EMPHESYS, INC.	61-1237697
31	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
32	HEALTH VALUE MANAGEMENT, INC.	61-1223418
33	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC. (fka HRI HUMANA OF CALIFORNIA, INC.)	46-4912173
34	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
35	HUMANA AT HOME (DALLAS), INC.	75-2739333
36	HUMANA AT HOME (HOUSTON), INC.	76-0537878
37	HUMANA AT HOME (MA), INC.	04-3580066
38	HUMANA AT HOME (SAN ANTONIO), INC.	01-0766084
39	HUMANA AT HOME (TLC), INC.	75-2600512
40	HUMANA AT HOME 1, INC.	65-0274594
41	HUMANA AT HOME, INC.	13-4036798
42	HUMANA BEHAVIORAL HEALTH, INC.	75-2043865
43	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
44	HUMANA DENTAL COMPANY	59-1843760
45	HUMANA DENTAL CONCERN, LTD.	36-3654697
46	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
47	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
48	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
49	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
50	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
51	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
52	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
53	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

54	HUMANA HEALTH PLAN, INC.	61-1013183
55	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
56	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
57	HUMANA INSURANCE COMPANY	39-1263473
58	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
59	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
60	HUMANA MARKETPOINT, INC.	61-1343508
61	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
62	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
63	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
64	HUMANA MEDICAL PLAN, INC.	61-1103898
65	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
66	HUMANA PHARMACY, INC.	61-1316926
67	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
68	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
69	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
70	HUMANADENTAL INSURANCE COMPANY	39-0714280
71	HUMANADENTAL, INC.	61-1364005
72	HUMCO, INC.	61-1239538
73	HUM-e-FL, INC.	61-1383567
74	KANAWHA INSURANCE COMPANY	57-0380426
75	KMG AMERICA CORPORATION	20-1377270
76	MANAGED CARE INDEMNITY, INC.	61-1232669
77	METCARE OF FLORIDA, INC.	65-0879131
78	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
79	PARTNERS IN INTEGRATED CARE, INC.	47-2905609
80	PARTNERS IN PRIMARY CARE (KS), P.A.	82-2000699
81	PARTNERS IN PRIMARY CARE (NC), P.C.	82-1926920
82	PARTNERS IN PRIMARY CARE OF ILLINOIS, P.C.	45-4041098
83	PARTNERS IN PRIMARY CARE, P.A.	47-1161014
84	PHP COMPANIES, INC.	62-1552091
85	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
86	PRESERVATION ON MAIN, INC.	20-1724127
87	PRIMARY CARE HOLDINGS, INC.	46-1225873
88	ROHC, LLC	75-2844854
89	SENIORBRIDGE (NC), INC.	56-2593719
90	SENIORBRIDGE CARE MANAGEMENT, INC.	80-0581269
91	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	46-0702349
92	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	45-3039782
93	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	27-0452360
94	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
95	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	02-0660212
96	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	81-0557727
97	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	46-0677759
98	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	36-4484449
99	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
100	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
101	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
102	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
103	TEXAS DENTAL PLANS, INC.	74-2352809
104	THE DENTAL CONCERN, INC.	52-1157181
105	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
106	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
107	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
108	TRANSCEND INSIGHTS, INC.	80-0072760
109	TRANSCEND POPULATION HEALTH MANAGEMENT, LLC	46-5329373

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2017 and 2016 were \$8,998,859 and \$13,069,267, respectively. As a part of this agreement, the Company makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana Inc. is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

No dividends were paid by the Company as of December 31, 2017.

At December 31, 2017, the Company reported \$3,153,650 due from Humana Inc. Amounts due to or from parent are generally settled within 30 days.

G. All outstanding shares of the Company are owned by the Parent Company.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

N. Not Applicable

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan ("the Plan"), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.'s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$216,450,717 and \$193,755,632 for the years ended December 31, 2017 and 2016, respectively. As of December 31, 2017 and 2016, the fair market value of the Humana Retirement Savings Plan's assets was \$4,638,342,913 and \$3,900,036,594, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has \$1 par value common stock with 1,000 shares authorized and 1,000 shares issued and 1,000 outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Michigan Department of Insurance statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Michigan Department of Insurance is the greater of 10% of total surplus or net gain from operations from the prior year. Ordinary dividends are limited to available and accumulated surplus funds from the prior year. Based on these restrictions, no dividend was available without prior approval.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

No dividends were paid by the Company as of December 31, 2017.

- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2018.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$1,567.
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of December 31, 2017.

15. Leases

Not Applicable.

16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off-Balance Sheet Risk or Concentrations of Credit Risk.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2017, the Company has recorded a receivable from CMS of \$61,328 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

A. (1) The fair value of financial assets at December 31, 2017 were as follows:

	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Bonds				
U.S. governments	\$ -	\$ -	\$ -	\$ -
Tax-exempt municipal	-	-	-	-
Residential mortgage-backed	-	-	-	-
Corporate debt securities	-	196,000	-	196,000
Total bonds	-	196,000	-	196,000
Total assets at fair value	\$ -	\$ 196,000	\$ -	\$ 196,000
b. Liabilities at fair value	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2016 and December 31, 2017.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

- (3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2016 and December 31, 2017.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company’s analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company’s third party investment advisor. Based on the Company’s internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2017.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$ 33,728,363	\$ 33,867,566	\$ 12,536,085	\$ 21,192,278	\$ -	\$ -
Total	\$ 33,728,363	\$ 33,867,566	\$ 12,536,085	\$ 21,192,278	\$ -	\$ -

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management’s practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (3) Direct exposure through other investments:
- a. Residential mortgage backed securities – No substantial exposure noted.
 - b. Commercial mortgage backed securities – No substantial exposure noted.
 - c. Collateralized debt obligations – No substantial exposure noted.
 - d. Structured securities – No substantial exposure noted.
 - e. Equity investment in SCAs – No substantial exposure noted.
 - f. Other assets – No substantial exposure noted.
 - g. Total – No substantial exposure noted.
- (4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

On January 1, 2018, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$1,219,435. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 5.00%. Reporting the ACA assessment as of December 31, 2017 would not have triggered an RBC action level. The Company expects to offset the impact of the health insurance industry fee on its results of operations in 2018 through pretax income improvement; however, there can be no assurance that it will be able to do so.

In 2016 the Company was not subject to the annual fee under Section 9010 of the Federal Health Care Reform Law. The Consolidated Appropriations Act, 2016, which was signed into law on December 18, 2015 imposed a moratorium on the 2017 fee applied to all health insurance providers. Based on the moratorium no segregation was recorded within special surplus for the annual health insurance industry fee related to the 2016 data year. The impact of the annual health insurance industry fee on the Company's operations as of December 31, 2017 and 2016 were as follows:

	<div>Current Year</div> <div>Prior Year</div>	
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ 1,219,435	\$ -
C. ACA fee assessment paid	\$ -	\$ 2,018,406
D. Premiums written subject to ACA 9010 assessment	\$ 77,446,774	\$ -
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 24,332,983	\$ 31,143,777
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 23,113,548	\$ 31,143,777
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 2,889,446	\$ 4,358,400
H. Would reporting the ACA assessment as of December 31, 2017, have triggered an RBC action level (YES/NO)	No	

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 23, 2018 for the Statutory Statement issued on February 23, 2018.

NOTES TO THE FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

The Company estimates accrued retrospective premium adjustments for its Commercial business based on experience to date, knowledge of the marketplace, and the terms of the risk corridors program with HHS.

- B. The Company records accrued retrospective premium as an adjustment to earned premiums.

- C. The amount of net premiums written by the Company at December 31, 2017 that are subject to retrospective rating features was \$77,258,310, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

Not Applicable.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

(1)	Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)	Yes (X)	No ()
(2)	Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year		
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1. Premium adjustments receivable due to ACA Risk Adjustment	\$	87,849
	Liabilities		
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	9,437
	3. Premium adjustments payable due to ACA Risk Adjustment	\$	-
	Operations (Revenue & Expenses)		
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(3,827,685)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	9,794
b.	Transitional ACA Reinsurance Program		
	Assets		
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	534,613
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	-
	Liabilities		
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$	-
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-
	Operations (Revenues & Expenses)		
	7. Ceded reinsurance premiums due to ACA Reinsurance	\$	-
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	811,274
	9. ACA Reinsurance contributions – not reported as ceded premiums	\$	-
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1. Accrued retrospective premium due to ACA Risk Corridors	\$	-
	Liabilities		
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
	Operations (Revenues & Expenses)		
	3. Effect of ACA Risk Corridors on net premium income	\$	80,487
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(3) Roll-forward of Prior Year ACA Risk-sharing Provisions for the Following Asset (Gross of Any Nonadmission) and Liability Balances, Along with the Reasons for Adjustments to Prior Year Balance.

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8		9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	-	-		-		-			-	
2. Premium adjustments (payables)	(15,561,527)		(19,477,061)		3,915,534		(3,915,534)	A.		-
3. Subtotal ACA Permanent Risk Adjustment Program	- (15,561,527)	-	(19,477,061)	-	3,915,534	-	(3,915,534)		-	-
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	2,792,615		3,315,926		(523,311)		1,057,924	B.	534,613	
2. Amounts recoverable for claims unpaid (contra liability)	246,649		-		246,649		(246,649)	C.	-	
3. Amounts receivable relating to uninsured plans	-		-		-		-		-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium	(161,820)		(161,820)			-	-			-
5. Ceded reinsurance premiums payable	(647,282)		(647,282)			-	-			-
6. Liability for amounts held under uninsured plans	-		-			-	-			-
7. Subtotal ACA Transitional Reinsurance Program	3,039,264 (809,102)	3,315,926	(809,102)	(276,662)		-	811,275	-	534,613	-
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	-		80,487		(80,487)		80,487	D.	-	
2. Reserve for rate credits or policy experience rating refunds		-	-			-	-			-
3. Subtotal ACA Risk Corridors Program	- -	80,487	-	(80,487)		-	80,487	-	-	-
d. Total for ACA Risk Sharing Provisions	3,039,264 (16,370,629)	3,396,413	(20,286,163)	(357,149)	3,915,534	891,762	(3,915,534)		534,613	-

Explanations of adjustments

- A. Adjustments made to the 2016 accrual for finalized CMS payments in 2017 and for insurer defaults.
- B. Adjustments recorded to update the 2016 accrual to align with the CMS payment report.
- C. Adjustment recorded as the IBNR for 2016 ran out through March 31, 2017 as the end of the reinsurance submission was occurring.
- D. Adjustments recorded for payments received in 2017.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 -3)	Prior Year Accrued Less Payments (Col 2 -4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receiva ble	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	-		80,487		(80,487)		80,487		A.	-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
b. 2015											
1. Accrued retrospective premium	-		-		-		-			-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
c. 2016											
1. Accrued retrospective premium	-		-		-		-			-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
d. Total for Risk Corridors	-	-	80,487	-	(80,487)	-	80,487	-		-	-

Explanations of adjustments

A. Adjustments recorded for payments received in 2017.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Assets Balance (Gross of Non- admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ 8,102,093	\$ 6,816,190	\$ 1,285,903	\$ -	\$ -	\$ -
b. 2015	-	-	-	-	-	-
c. 2016	7,324,521	7,324,521	-	-	-	-
d. Total (a+b+c)	\$ 15,426,614	\$ 14,140,711	\$ 1,285,903	\$ -	\$ -	\$ -

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$12,367,542. As of December 31, 2017, \$11,482,124 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$253,210 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$632,208 favorable prior-year development since December 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The amounts presented in this footnote exclude any impact related to incurred Medical Incentive Pools and Bonuses, Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen in Footnote 28. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

STATEMENT AS OF December 31, 2017 OF Humana Medical Plan of Michigan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2017	\$ 1,073,858	\$ 1,073,858	\$ -	\$ -	\$ -
9/30/2017	1,024,335	1,024,335	1,023,925	-	-
6/30/2017	975,675	975,675	974,094	32	-
3/31/2017	966,820	966,820	966,663	-	157
12/31/2016	983,964	983,964	982,416	1,548	-
9/30/2016	783,180	783,180	783,180	-	-
6/30/2016	749,145	749,145	748,529	31	585
3/31/2016	547,968	547,968	547,357	210	401
12/31/2015	326,589	326,589	326,589	4,788	654
9/30/2015	396,510	396,510	396,388	-	122
6/30/2015	404,466	404,466	356,877	38,852	8,737
3/31/2015	262,472	262,472	262,382	-	90

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 2,675,000
2. Date of the most recent evaluation of this liability December 31, 2017
3. Was anticipated investment income utilized in the calculation? Yes () No (X)

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 1.29%.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State Regulating?

Michigan

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [X] No []

2.2

If yes, date of change:

03/01/2017

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2015

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/06/2017

3.4

By what department or departments?
Michigan Department of Insurance and Financial Services

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,
7.21 State the percentage of foreign control;
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

0.0 %

1	2
Nationality	Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Susan Mateja, Appointed Actuary, 500 West Main Street, Louisville, KY 40202
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$ 0
- 12.2

If, yes provide explanation:
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

Not Applicable.
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- (a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c)

Compliance with applicable governmental laws, rules and regulations;
- (d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).

Revised based on general policy and regulatory changes
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$ 0

20.12 To stockholders not officers

\$ 0

20.13 Trustees, supreme or grand (Fraternal Only)

\$ 0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$ 0

20.22 To stockholders not officers

\$ 0

20.23 Trustees, supreme or grand (Fraternal Only)

\$ 0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

\$ 0

21.22 Borrowed from others

\$ 0

21.23 Leased from others

\$ 0

21.24 Other

\$ 0
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$ 0

22.22 Amount paid as expenses

\$ 0

22.23 Other amounts paid

\$ 0
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 3,153,650

INVESTMENT

- 24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes [X] No []
- 24.02

If no, give full and complete information relating thereto
- 24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04

Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [] No [] N/A [X]
- 24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$ 0
- 24.06

If answer to 24.04 is no, report amount of collateral for other programs.

\$ 0
- 24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [] No [] N/A [X]
- 24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [] No [] N/A [X]
- 24.09

Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?

Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity’s security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes ☒ No ☐

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	0
		25.22 Subject to reverse repurchase agreements	\$	0
		25.23 Subject to dollar repurchase agreements	\$	0
		25.24 Subject to reverse dollar repurchase agreements	\$	0
		25.25 Placed under option agreements	\$	0
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
		25.27 FHLB Capital Stock	\$	0
		25.28 On deposit with states	\$	1,003,043
		25.29 On deposit with other regulatory bodies	\$	0
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
		25.32 Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☒
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ☐ No ☒

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase	4 Metro Tech Center, 16th Floor Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes ☐ No ☒

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC	U.....
W. Mark Preston	I.....
.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105	BLACKROCK FINANCIAL MANAGEMENT, INC	549300LVXY1VJKE13M84	The SEC	DS.....
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....0
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....0	.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	33,867,566	33,728,363	(139,203)
30.2 Preferred stocks	0	0	0
30.3 Totals	33,867,566	33,728,363	(139,203)

30.4 Describe the sources or methods utilized in determining the fair values:
Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:
.....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

35.1 Amount of payments for legal expenses, if any?\$1,750

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
DEDE PLANAJ .....	.....1,750
.....

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

77,258,310

128,682,393

2.2

Premium Denominator

77,258,310

128,682,393

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

11,166,287

28,075,997

2.5

Reserve Denominator

11,166,288

28,075,997

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 1,000,000

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider contracts include hold harmless and continuation of benefits provisions. HMO has an indemnity agreement with the parent company.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

68,574

8.2

Number of providers at end of reporting year

66,271

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

28

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$471,545

10.22 Amount actually paid for year bonuses.....\$1,103,060

10.23 Maximum amount payable withholds.....\$0

10.24 Amount actually paid for year withholds.....\$0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, . Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Michigan 500.3551

11.4 If yes, show the amount required. \$ 7,725,831

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation
See RBC calculation or state regulation.

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
MI - Berrien, Cass, Clare, Genesee, Gladwin, Gratiot, Ingham, Kalamazoo, Kent, Livingston, Macomb, Midland, Monroe, Muskegon, Oakland, St. Clair, Washtenaw, Wayne
.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []

14.2 If the answer to 14.1 is yes, please provide the following:

1	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
Company Name						
.....						

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written\$0

15.2 Total Incurred Claims\$0

15.3 Number of Covered Lives0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurantee)
Universal Life (with or without secondary gurantee)
Variable Universal Life (with or without secondary gurantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	39,829,632	70,013,161	56,555,955	69,365,545	5,576,193
2. Total liabilities (Page 3, Line 24)	15,496,649	38,869,384	35,536,442	38,397,943	418,439
3. Statutory minimum capital and surplus requirement	7,725,831	11,514,457	6,658,457	5,048,804	3,000,000
4. Total capital and surplus (Page 3, Line 33)	24,332,983	31,143,777	21,019,513	30,967,602	5,157,754
Income Statement (Page 4)					
5. Total revenues (Line 8)	77,258,310	115,144,569	80,122,394	50,488,035	1,799,432
6. Total medical and hospital expenses (Line 18)	66,628,149	98,855,287	61,180,975	41,102,195	1,263,372
7. Claims adjustment expenses (Line 20)	3,445,531	5,565,337	3,183,670	2,084,282	91,185
8. Total administrative expenses (Line 21)	7,331,456	22,238,616	12,853,943	12,932,689	186,304
9. Net underwriting gain (loss) (Line 24)	(2,821,826)	(11,514,671)	2,903,806	(5,631,131)	258,571
10. Net investment gain (loss) (Line 27)	565,993	359,407	31,617	9,608	850
11. Total other income (Lines 28 plus 29)	5	0	0	49	137
12. Net income or (loss) (Line 32)	(2,045,387)	(7,972,429)	1,259,850	(4,258,051)	157,718
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(16,126,757)	5,255,896	(10,548,950)	20,338,668	559,480
Risk-Based Capital Analysis					
14. Total adjusted capital	24,332,983	31,143,777	21,019,513	30,967,602	5,157,754
15. Authorized control level risk-based capital	2,889,446	4,358,400	2,969,653	2,165,574	843,427
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	10,610	30,074	17,011	26,255	271
17. Total members months (Column 6, Line 7)	136,216	403,310	243,566	292,938	2,619
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.2	85.9	76.4	81.4	70.2
20. Cost containment expenses	3.3	3.8	2.9	2.5	4.1
21. Other claims adjustment expenses	1.1	1.0	1.1	1.6	0.9
22. Total underwriting deductions (Line 23)	103.7	110.0	96.4	111.2	85.6
23. Total underwriting gain (loss) (Line 24)	(3.7)	(10.0)	3.6	(11.2)	14.4
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	11,306,070	5,455,644	7,475,729	177,295	0
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	11,290,582	8,858,037	8,076,069	114,194	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories										
States, etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	N	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	L	18,636,000	58,625,747	0	0	0	77,261,747	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	N	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	18,636,000	58,625,747	0	0	0	0	77,261,747	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 1	18,636,000	58,625,747	0	0	0	0	77,261,747	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

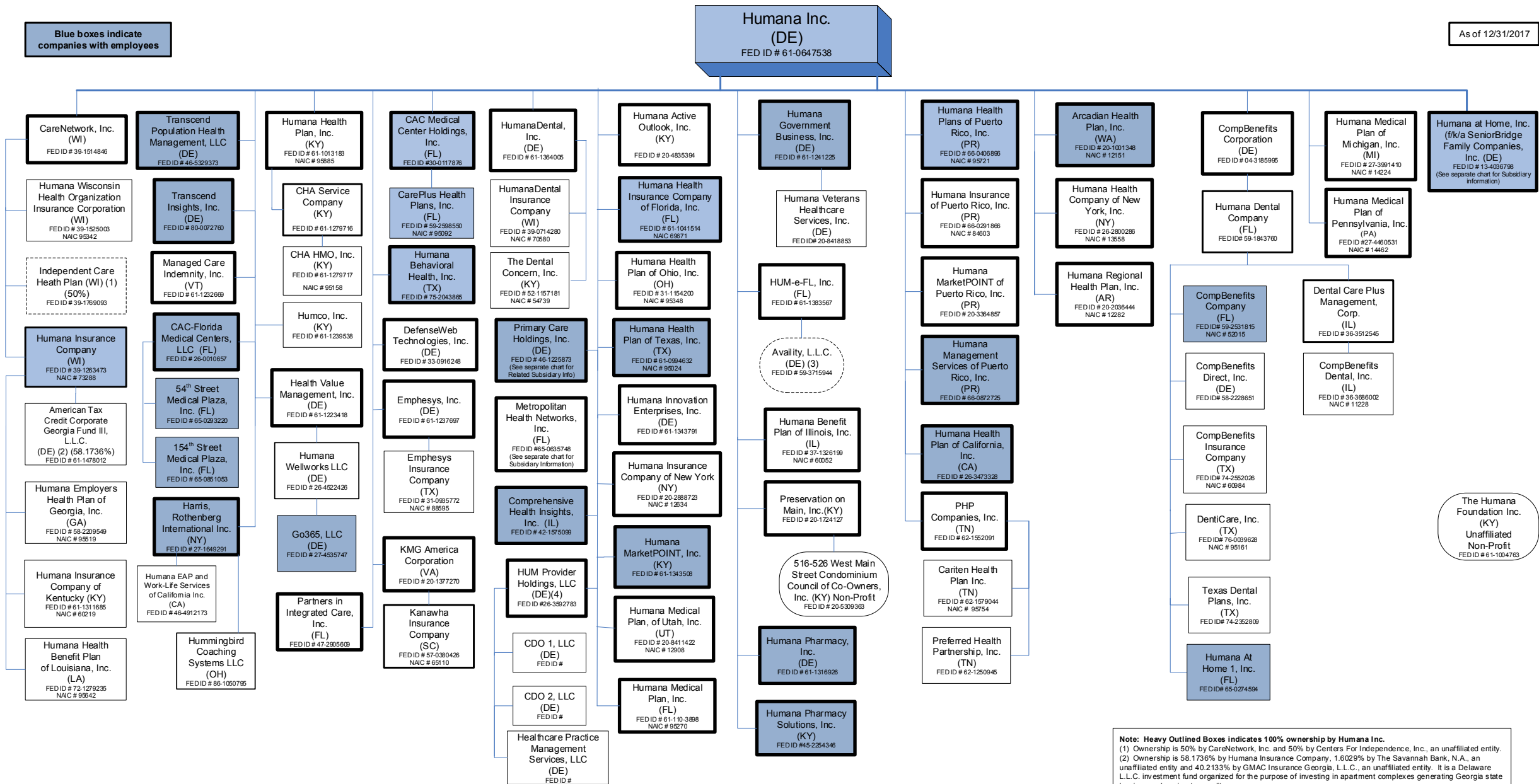
Explanation of basis of allocation by states, premiums by state, etc.

The company allocates group premiums to the situs of the contract and individual premiums based on residence.

(a) Insert the number of L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.

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Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.

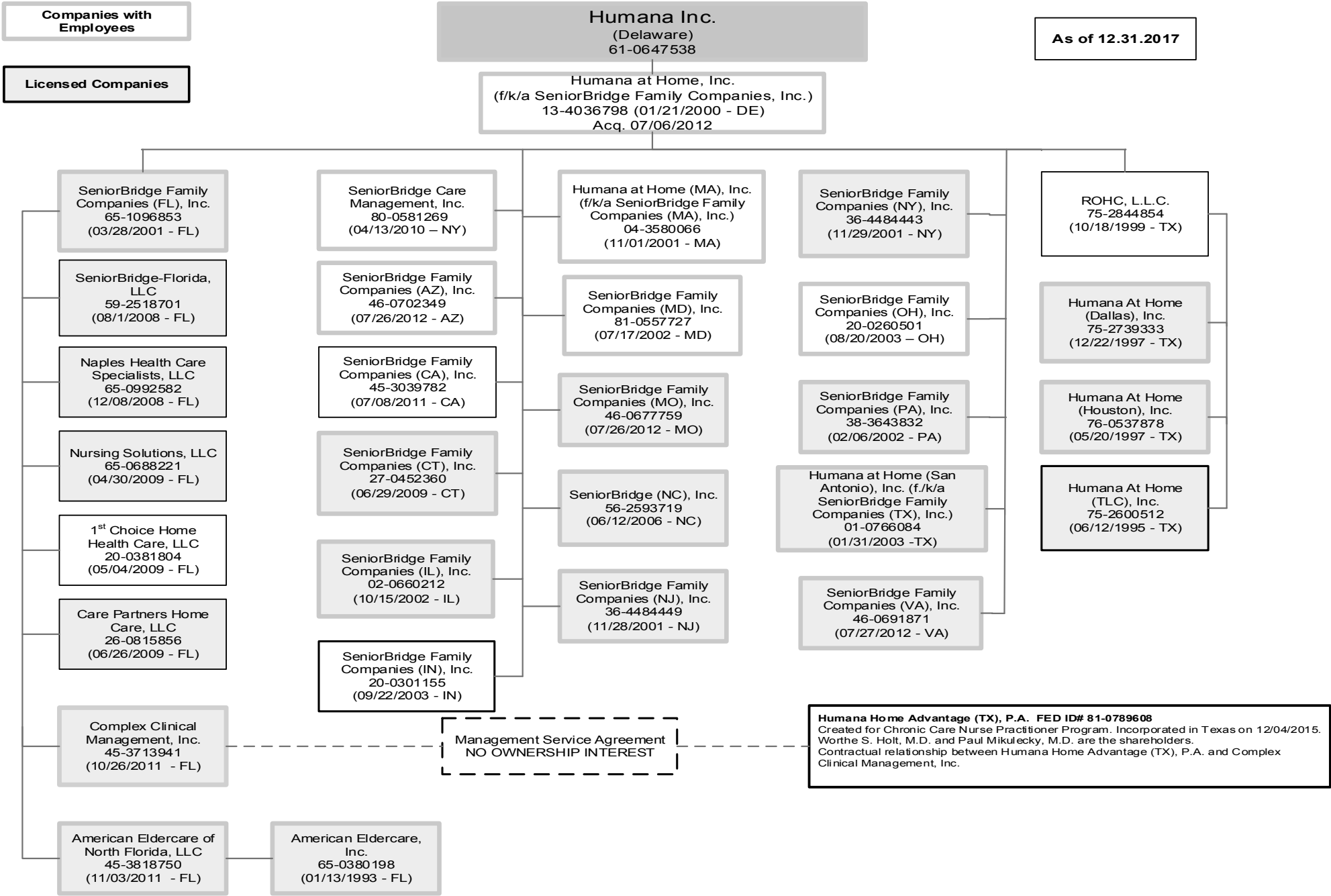
(1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.

(2) Ownership is 58.1736% by Humana Insurance Company, 1.6029% by The Savannah Bank, N.A., an unaffiliated entity and 40.2133% by GMAC Insurance Georgia, L.L.C., an unaffiliated entity. It is a Delaware L.L.C. investment fund organized for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits.

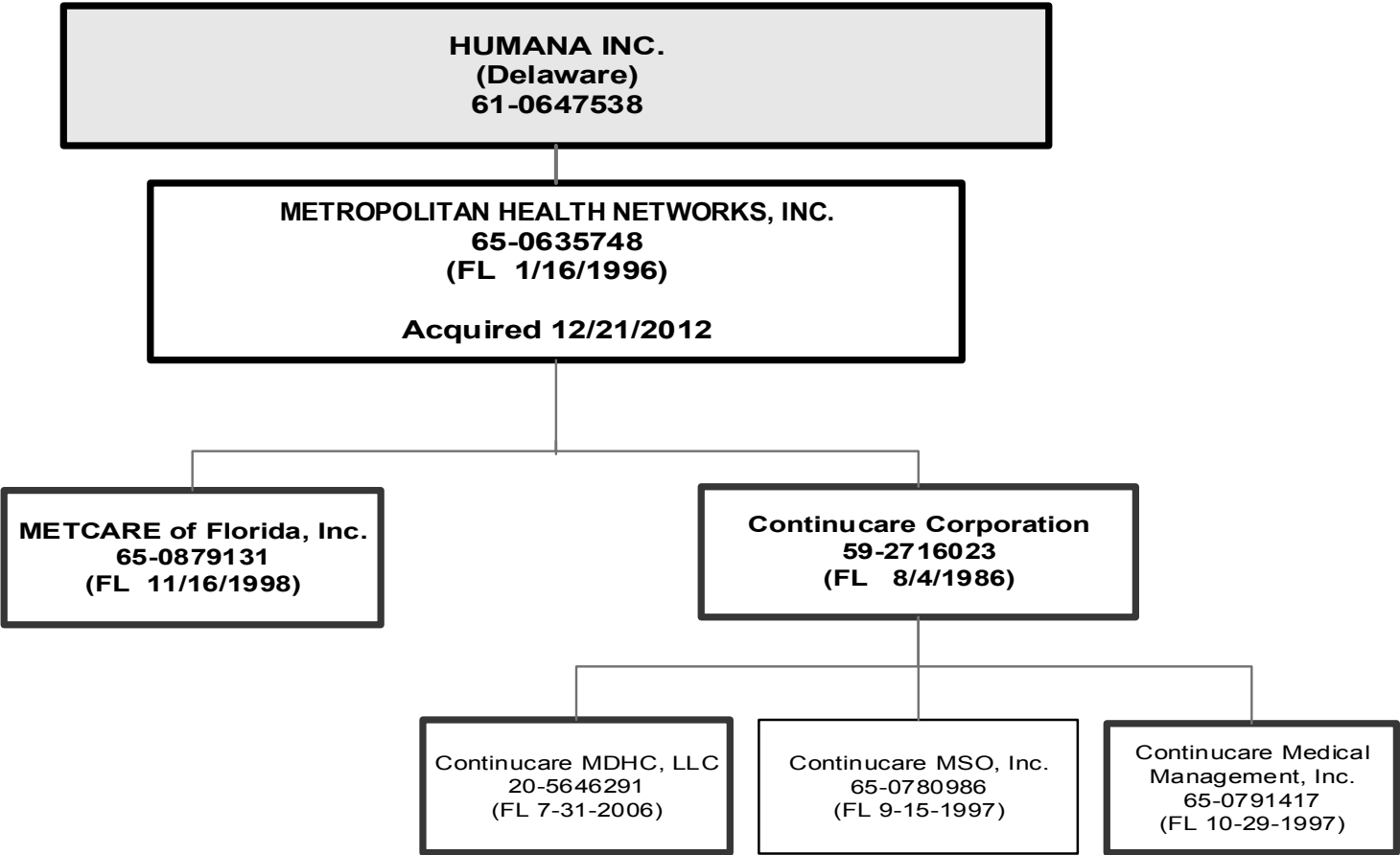
(3) Common Unit Ownership is 19.4% by HUM-e-FL, Inc., 29.1% by Navigy, Inc., an unaffiliated entity, 29.1% by Health Care Service Corporation, an unaffiliated entity, 19.4% by Sellcore, Inc., an unaffiliated entity, and 3% by MII Services, Inc., an unaffiliated entity. Preferred Unit Ownership is 8.33% by HUM-e-FL, Inc., 8.34% by Navigy, Inc., an unaffiliated entity, 8.33% by Health Care Service Corporation, an unaffiliated entity, and 75% by AV Investor, L.L.C., an unaffiliated entity.

(4) See Joint Venture organizational chart for information on the company's ownership in several joint ventures.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Medical Plan of Michigan Inc.



As of 12-31-2017



Employees

OVERFLOW PAGE FOR WRITE-INS

NONE

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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